

# The Drive Surgery

## Inspection report

68 The Drive  
Ilford  
IG1 3HZ  
Tel: 02085543014

Date of inspection visit: 11 October 2021  
Date of publication: 17/12/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an unannounced focused inspection at The Drive Surgery on 11 October 2021. Overall, the practice is rated as inadequate.

The ratings for each key question are as follows:-

Safe - Inadequate

Effective – Requires improvement

Well-led - Inadequate

The practice was previously inspected in August 2019.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Drive Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was an unannounced focused inspection as a result of concerns relating to the quality of care and leadership at this location.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

Due to the nature of this inspection, the inspection team was on site for the duration of the inspection.

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## We have rated this practice as inadequate overall.

We found that:

- The practice did not have adequate infection prevention controls in place to reduce the spread of infection.
- There were ineffective processes in place for record keeping including significant events.
- The practice had limited evidence of quality improvement activities.
- Checks to ensure staff working at the practice had the relevant qualifications and training not been conducted consistently and in a timely manner.

# Overall summary

- The practice was unable to provide evidence to show that there were regular clinical and all staff practice meetings.
- Staff did not always have the appropriate authorisations in place to administer medicines.
- There was a lack of effective processes in place to manage risk and potential issues at the practice.
- The management of medicines at the practice did not always guarantee the safety of these medicines.
- There was no evidence of learning gained shared within the practice.

The areas where the provider **must** make improvements:-

- Ensure that care and treatment is provided in a safe way.
- Establish effective care systems and process to ensure good governance in accordance with the fundamental standards of care.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for a key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second inspector.

## Background to The Drive Surgery

The Drive Surgery is based in Ilford, Essex at:

68 The Drive

Ilford

Essex

IG1 3HZ

The provider is registered with CQC to deliver the following Regulated Activities:-

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Family Planning

The practice is situated within the Redbridge Clinical Commissioning Group (CCG) and delivers Primary Medical Services (**PMS**) to a patient population of about 6,900. This is part of a contract held with NHS England.

The practice is part of a wider network of the local GP Primary Care Network (PCN). This PCN is made up of eight GP practices within this geographical area.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

There is one female GP provider who was supported by a team of four salaried GPs who provide clinical care at the practice. Three male locums and three female locums GP's work approximately nine sessions between them. One male clinical pharmacist works approximately four sessions a week. There are two part-time nurses who work four sessions a week. There is one healthcare assistant who works varied sessions per week. The clinical staff are supported by a team of part-time reception staff and are supported by a part-time practice manager and a deputy practice manager. The local primary care network provides practice access to one clinical pharmacist who works at the practice one day per week.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were a combination of telephone and face-to-face consultations.

The practice opening hours are as follows: -

- 8.00am to 7.00pm Monday to Friday
- 10.00am to 6:00pm Saturday
- 11am to 3pm Sunday

Extended access and Out of Hours services is provided by the local GP Hub network, where late evening and weekend appointments are available.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider did not do all that was practicable to ensure that systems in place provided good governance:-</p> <p>The provider did not assess the impact on the quality of service provided when changes within the occurred within the practice, in particular with reference to the change in practice management. There was minimal evidence that the provider had reviewed existing governance systems to assure themselves that these systems were fit for purpose. A Freedom to Speak Up Guardian was not present at the practice and there was feedback from staff that not all members of staff working at the practice were approachable. There was limited evidence that the provider had oversight of the day-to-day functions of the practice in general, in particular during the time of the departure and handover period between practice managers.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider did not do all that was practicable to ensure that systems in place allowed safe care to be provided:-</p> <p>The provider did not ensure that staff files were complete, that infection prevention controls were current and relevant to help prevent the spread of infection, that up-to-date records relating to the cleaning conducted were held, that the temperature recording and monitoring of the vaccine fridge was consistent to ensure the safety of medicines, that equipment in use at the practice had recently been check for efficiency and safety by an authorised external contractor and that persons administering vaccines had the correct and timely authorisation to allow them to do so.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>